NO. OF COPIES RECEIVED	<u>ज</u>			
- DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMM	201011	
SANTA FE /		ONSERVATION COMMI: FOR ALLOWABLE	SOON	Form C-104 Supersedes Old C-104 and C-11
FILE /	REGUEST	AND		Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA		ATHRAL GAS	
LAND OFFICE	NOTIONIZATION TO TRA	INOI OIL AID I	ATONAL GAS	
TRANSPORTER OIL /				
GAS /				
OPERATOR /				
PRORATION OFFICE				
Operator				
Caulkins Oi	Lompany			
P.O. Box 780 Reason(s) for filing (Check proper be), Farmington, New Mex	cico 871.01 Other (Please		
[]		Other (Please	explain)	
New Well	Change in Transporter of:	וסים		
Recompletion	Oil Dry Ga	7		•
Change in Ownership	Casinghead Gas Conden	sate []		
If change of ownership give name and address of previous owner				
. DESCRIPTION OF WELL ANI	LEASE			
Lease Name	Well No. Pool Name, Including Fo	ormation	Kind of Lease	Lease No.
Breech "F"	45 Blanco Mes	sa Verde	State, Federal or Fee	Fed NM 035
Location	990 Feet From The South Lin	. 990		West
J. Z.	770 Feet From The DOUGH Lin		Feet From The	
Line of Section 35 T	ownship 27 North Range	6 West , NMPM,	Rio Arri	ba County
. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	s		
Name of Authorized Transporter of C	or Condensate	Address (Give address to	which approved cop	y of this form is to be sent)
Shell Oil Compar	y Pipeline	P.O. Box 158	8 Farmingt	on. New Mexico
Name of Authorized Transporter of C	asinghead Gas or Dry GasX	Address (Give address to	which approved cop	y of this form is to be sent)
Gas Company of Ne	w Mexico	1508 Pacific		as 1 Texas
If well produces oil or liquids,	M 35 Z7N 6W	Is gas actually connected	Ţ.	_
give location of tanks.	M 35 27N 6W	M& Yes	10-	·5-65
	with that from any other lease or pool,	give commingling order	number:	
- COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug	Back Same Res'v. Diff. Res'v.
Designate Type of Complet		1	1	1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.	r.D.
4-20-65	6-24-65	7642		7620
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubir	ng Depth
6592 Gr.	Mesa Verde	1 866		5185
Perforations			Depth	Casing Shoe
4866-	-5444			7642
	TUBING, CASING, AND			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	Υ	SACKS CEMENT
13-3/4"	-10-3/4" OD 32.75			200
8-3/4"	5-1/2" OD 15.5 & 1	7.0# 7642		925
				······································
. TEST DATA AND REQUEST				st be equal to or exceed top allow
OIL WELL	able for this de	pth or be for full 24 hours,		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,	pump, gas lift, etc.)	1261.FI/UV
		Carina Brazania	Chole	KREPTIAED /
Length of Test	Tubing Pressure	Coming Pressure	Cnor	
	Oil-Bbls.	Water-Bbls.	Gas	MCFOCT 8 1976
Actual Prod. During Test	OII-Buis.	.,	548	OIL CON. COM.
		L		**************************************
CAS WELL				DIST. 3
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Grav	ity of Condensate
1326	3 hrs.			***************************************
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in) Chok	• Siz•
BP	SI 910 3 hr Flow 81	· · · · · · · · · · · · · · · · · · ·	1	~ 75"
		7**	ONSERVATION	·
. CERTIFICATE OF COMPLIA	ITOE		8 100	1076
	d regulations of the Oil Conservation	APPROVED	8287\$ 57	

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Date)

Superintendent

9-29-76

(Title)

This form is to be filed in compliance with RULE 1104.

<u>Original</u>

TITLE .

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

NO OF COPIES RECEIVED		ì	3
DISTRIBUTI			
SANTA FE			
FILE		,	-
U.S.G.S.	,		
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATOR		/	
BRODATION OFFICE			

(Date)

10

	DISTRIBUTION	-			•			
	SANTA FE	- NEW MEXICO OIL	CONSERVATION COMM	SSION	Form C-104			
		REQUEST FOR ALLOWABLE Supersedes Old C-10						
	FILE		AND		Effective 1-1-6	55		
	U.S.G.S.	_ AUTHORIZATION TO T	RANSPORT OIL AND N	IATURAL CA	•			
	LAND OFFICE		THE SICE OF THE PARTY	INTOKAL GA	3			
	TRANSPORTER OIL /					_		
	GAS ,	7				•		
	OPERATOR /	-		•				
1.	PRORATION OFFICE	┥						
	Operator				·			
	Caulkins Oil (⁷ Omnoner						
	Address OLI (зошрану						
		m						
	P.U. Box 78U,	Farmington, New Men	xico					
	Reason(s) for filing (Check proper box	•)	Other (Please	explain)		•		
	New We!1	Change in Transporter of:						
	Recompletion	Oil Dry	Gas XX					
	Change in Ownership	Casinghead Gas Con-	densate					
								
	If change of ownership give name and address of previous owner							
	and address of previous owner				····			
**	DESCRIPTION OF WELL AND	TEACH						
	Lease Name	Well No. Pool Name, Including	Formation	Kind of Lease		· }		
	Deep - als MAN		·		_	Lease No.		
	Breech "F"	45 Basin D	Dakota	State, Federal or	Fee Fed	NMO3547		
	Unit Letter M ; 99	90 Feet From The Soutk	line and990	Feet From The	West			
				_				
	Line of Section 35 To	waship 27 North Range	6 West , NMPM,	Rio A	rri ha	County		
					LILUG	Codiny		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL (GAS					
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to	which approved	copy of this form is to	o be sent)		
	Shell OHL Comp	0 4				-		
	Name of Authorized Transporter of Car	singhead Gas or Dry Gas VY	P.O. Box 158 Address (Give address to	o rarmi	igton, New	Mexico		
		23,23,	ì			o be sent)		
	Gas Company of		1507 Pacific	ave, Da	llas 1. Tex	as		
	If well produces oil or liquids,	UTM S-35 TW27N ROOW		When				
	give location of tanks.	P 9 26N 6W	I⊥ Yes		10-5-65			
	If this production is commingled wi	th that from any other lease or poo	l, give commingling order	number:	,			
IV.	COMPLETION DATA		, 0					
	Danisman Tuna of Completi	Oil Well Gas Well	New Well Workover	Deepen P	lug Back Same Res	v. Diff. Res'v.		
	Designate Type of Completion	on - (X)			;			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		B.T.D.			
	4-20-65	6-24-65		1				
	Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		7620			
				''	• •	i		
	6592 Gr.	Dakota	7378	<u>-</u> -	7348			
		A		P ^c	epth Casing Shoe			
	7378—76 0		·		7642			
		TUBING, CASING, AI	ND CEMENTING RECORD					
	HOLE SIZE	-CASING & TUBING SIZE	DEPTH SE		SACKS CEM	ENT		
	13-3/4"	10-3/4" OD 32.75#	258		200			
	8-3/4"	5-1/2" OD 15.5 & 1	7# 7642		925			
W	TEST DATA AND DECLIEST DA	OP ALLOWARIE CO.						
	TEST DATA AND REQUEST FO	oble for this	after recovery of total volum depth or be for full 24 hours)	of load oil and	must be equal to or	top allow-		
ī	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow,	numn eas life es				
			reducing totalics (result)	pamp, gas tijt, et				
H	Length of Test	Tubing Pressure						
	Length of 1eet	I ubing Pressure	Casing Pressure	Ci	OCT 8	1976		
}								
1	Actual Prod. During Test	Oil-Bhis.	Water-Bbls.	G	**-YOIL CON.	COM.		
Į.					DIST.	3 /		
	GAS WELL							
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gr	avity of Condensate]		
	5378	3 hrs			•	}		
1	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-i	D)	icke Size			
İ	- · · · · · · · · · · · · · · · · · · ·	,	ام.	-, 0,	_			
L		\$I 2372 3 hr Flow 3			<u>75"</u>			
71.	CERTIFICATE OF COMPLIANC	CE	OIL CO	NSERVATIO	ON COMMISSION	İ		
I	hereby certify that the rules and r	ereby certify that the rules and regulations of the Oil Conservation						
(Commission have been complied w	ith and that the information given	By Original Signed by A. R. Kondrick					
ε	bove is true and complete to the	best of my knowledge and belief.						
		<u> </u>			TITLE CONTINUES AND SOME SOME			
			TITLE		· · · · · · · · · · · · · · · · · · ·			
		This form is to b	e filed in come	liance with RULE	1104.			
	Collander Cle	Bull	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
-	(Signa	(we)						
	Superintendent							
-	- (Titl	le)			filled out complet	ely for allow-		
	9-29-76		able on new and reco	•				
	/ ~/ ()		i) Fill out only Sp	ctions I. II. III	, and VI for chans	THE OF OWNER.		

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.